

**Individual NEFT Form**

 To,  
 E-Meditek (TPA) Services Limited  
 Employee name: \_\_\_\_\_

 Sir,  
 I furnish below details of my bank account to be used for effecting payments due to me by NEFT/RTGS

**Registration for Neft/ RTGS Payments**

Employee Name:	
Policy number	

**Bank Account Details For NEFT/RTGS Payments**

Name as appearing in Account	
IFSC Code *(11 digits)	
PAN Number (10 digits)	
Bank Name	
Bank Branch Name	
Bank Branch Address	
MICR Code (9 digits)	
Full Bank Account No. (for NEFT)*	

 Account Type  Current Account  Saving Account

\*Please attach a copy of a cancelled cheque to verify the details of your bank account

Please refer your cheque book for IFSC/MICR Code of your bank branch or contact your bank's Branch Manager

**I wish to receive alerts from the company on processing of payments to my account through SMS and/or Email**

Mobile Phone No. (for SMS alert)	
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E-Mail ID (for mail notification) (please provide the IDs which will be valid throughout the policy period)	1)
	2)
	3)
	4)

NOTE:- Please include a confirmation of account information on bank letterhead/Copy of Passbook or a cancelled cheque. If bank letterhead is used, then bank officer's name and signature is also required. This information will be used to verify your account no.

**DECLARATION**

- I / We hereby declare that the particulars given above are correct and complete and no blanks have been left. If the transaction is delayed or not effected at all for reason of incomplete or incorrect information I / we would not hold E-Meditek (TPA) Services Limited responsible.
- I / We further undertake to refund, at any time, any excess amount whether demanded by E-Meditek (TPA) Services Limited or not, which has been credited to my account [due to any reason] by E-Meditek (TPA) Services Limited, in excess of (i) the amount due to me, or (ii) Claim/Refund/ Any other payment.
- I / We agree that the payment will be endeavoured to be credited starting from the date of next payment cycle and unless the Mandate is revoked by me/us issuance of relevant credit instruction for electronic payment from E-Meditek (TPA) Services Limited into the aforesaid account will be valid discharge to E-Meditek (TPA) Services Limited for having paid (i) the amount due to me, or (ii) Claim/Refund/ Any other payment.
- I / We further confirm that we understand this mode as a method of payment introduced by Reserve Bank of India, which provides us an option to receive the amount and or to collect our payments by electronic payment mode directly through my/our bank accounts.
- I / We further confirm that I/we understand, E-Meditek (TPA) Services Limited, shall make electronic payment to my account by issuing the Payment instruction electronically through its banker to the Clearing Authority and the Clearing Authority would ensure credit to my/our specified bank account provided hereinabove.
- I / We further undertake to inform E-Meditek (TPA) Services Limited with an advance notice of 15 days, to withdraw from this mode of electronic payment.
- I / We further confirm that E-Meditek (TPA) Services Limited will have, at its sole discretion, the right to return back to the option of paying to me/us by way of cheque if there are more than 2 consecutive failures in remittances for no fault on the side of E-Meditek (TPA) Services Limited.
- After E-Meditek (TPA) Services Limited issuing the Payment instruction electronically through its banker, for whatever reasons, if I/we do not get the credit to my/our account, then same shall neither constitute the default in (i) Payment of amount requested by me, or (ii) Payment of amount due to me/us, or (iii) Payment of claim/ Refund/Any other payment by E-Meditek (TPA) Services Limited nor constitute default of any terms and conditions of any Claim/Refund/Other contract with me/us.

Name of the Authorised Person: \_\_\_\_\_

 Date: 

D	D	/	M	M	/	Y	Y	Y	Y
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Signature of Authorised Person